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GRANULOTOXIN. A STIMULANT OF TISSUE REGENERATION

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For a number of years we have used granulotoxin, a remedy for the treatment of slowly healing wounds and ulcers which was proposed by Professor I. M. Neyman. Granulotoxin has been tested by us at the Clinic of Restorative Surgery of the Central Institute of Advanced Studies for Physicians as well as at war veterans hospitals. We apply granulotoxin as a stimulant of tissue regeneration whenever the cause of nonhealing is the sluggishness of regenerative processes, and whenever the following conditions are present: weakly expressed inflammatory processes around the surface of the wound, nonreactive edges of the wound or ulcer, a dirty-appearing film at the bottom of the wound, and retarded granulation.

Injections of granulotoxin rapidly bring about revival of granulation and cleaning up of the surface of the ulcer with subsequent epithelization. The application of granulotoxin is to be recommended in cases of trophic ulcers, sluggishly granulating wounds with extensive tissue defects, slowing healing ulcers resulting after X-ray and radium therapy, burns, suppurating afflictions of the feet and hands, extensive phlegmons etc. In the presence of an extensive ulcer surface, we use granulotoxin in preliminary treatment preparatory to active surgical interference. In this application, we utilize the property of granulotoxin to clean up rapidly the ulcer surface.

In combination with subsequent plastic surgery, granulotoxin considerably shortens the period necessary for the cure of chronic ulcers and raises the percentage of permanent recovery.

The application of granulotoxin is extremely simple. Independently of the location of the wound or ulcer, 0.1 mg of the remedy diluted with 0.9 mg of a sterile physiological solution is introduced subcutaneously into the shoulder three times, by making an injection every third day. If necessary, the treatment may be repeated in 3 weeks.

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